

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

October 1, 2013

Ms. Jane White, Administrator
Cota's Hospitality Home
1079 South Barre Road
Barre, VT 05641

Provider #: 0365

Dear Ms. White:

Enclosed is a copy of your acceptable plans of correction for the unannounced onsite investigation of two complaints conducted on **August 27, 2013** and concluded on August 29, 2013. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure



PRINTED: 08/29/2013
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/27/2013	
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite investigation of two complaints was conducted on 8/27/13 and concluded on 8/29/13. A regulatory violation was cited as a result.	R100	See attached Plans of Correction.		
R134 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to complete an assessment for 1 of 7 residents in the sample (Resident # 3). Findings include: Per record review on 8/27/13 at 10:51 AM, there was no completed assessment for Resident # 3. Resident # 3 was admitted to the facility on 7/23/13. On 8/27/13 at 11:30 AM, the facility Registered Nurse (RN) confirmed that the assessment had not been done within 14 days as required and stated that h/she had not gotten to it.	R134			
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES	R145			

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

XB4N11

If continuation sheet 1 of 2

ML

PRINTED: 08/29/2013
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/27/2013
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R145	Continued From page 1 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to develop a written plan of care for 1 of 7 residents in the sample (Resident # 3). Findings include: Per record review on 8/27/13 at 10:51 AM, there was no written plan of care for Resident # 3. Resident # 3 was admitted to the facility on 7/23/13. On 8/27/13 at 11:30 AM, the facility Registered Nurse (RN) confirmed that the written plan of care had not been completed as required.	R145			

Division of Licensing and Protection
STATE FORM

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X84N11

If continuation sheet 2 of 2

Cota's Hospitality Home**1079 South Barre Rd****Barre, VT 05641****www.whitejane431@yahoo.com****www.cotascare.com****802-479-3118****Fax 802-479-0024****Attention: Jane White LPN Manager, Mike Cota Director, Lisa Kaiser RN****Dear Division of Licensing and Protection,**

Cota's Hospitality Home (provider number 0365) is writing a plan of correction in response to the unannounced survey August 27, 2013. There was a regulatory violation was cited under Resident Care and Home Services. The following is the plan of correction.

R 134 V. Resident Care and Home Services**SS=DD****5.7 Assessment - R134**

5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary.

Based on record review and staff interview, the facility failed to complete an assessment for 1 of 7 residents in the sample (Resident #3). Findings include:

Per record review on 08/27/2013 at 10:51 AM, there was no record completed for Resident #3. Resident #3 was admitted to the facility On 07/23/13 at 11:30AM, the facility Registered Nurse (RN) confirmed that the assessment had not been done within 14 days as required and stated that he/she had not gotten to it.

The Plan of Correction for R134 is as follows:

- 1. The assessment of Resident #3 will be completed by 09/16/13. (The assessment is now complete and filed in #3 Resident's record.)***
- 2. The manager will initiate an assessment within the first 7 days of admission to the facility.***

- 3. The manager will notify the Registered Nurse that the assessment has been initiated and requires review by the Registered Nurse by the 14th day from admission. The admission assessment will be signed by both the manager and Registered Nurse.**

R 145 V. Resident Care and Home Services R145

SS=D:

5.9.c (2)

Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being.

This requirement is not met as evidence by:

Based on staff interview and record review, the facility failed to develop a written plan of care for 1 of 7 residents in the sample (Resident #3). Findings include:

Per record review on 8/27/13 at 10:51 Am, there was no written plan of care for Resident #3. Resident #3 was admitted to the facility On 07/23/13. On 08/27/13 at 11:30 AM, the facility Registered Nurse (RN) confirmed that the written plan of care had not been completed as required.

The plan of correction for this regulatory violation is as follows:

- 1. The manager will initiate a plan of care upon admission of a new resident.**
- 2. The manager will notify the Registered Nurse of a new admission and the Registered Nurse will review and update the care plan by the fourteenth day of admission based upon the completed assessment form.**
- 3. Both manager and RN will sign both documents to ensure this task is completed within the 14 day time frame allotted by the State of Vermont Regulations for Licensing and Protection.**
- 4. The care plan for Resident #3 is complete and in the medical record.**

R134 + R145 PDC's accepted 9/19/13
Rtremblay RN/pme

If you have any further questions, please contact Jane White manager, Mike Cota Director, and/or Registered Nurse Lisa Kaiser RN.

X Lisa Kaiser

Facility Representative

Date

X Michael Cota

Facility Director

Date